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Competent of the Treasury Internal Review Services on Proceedings year 2018 or other bits year beginning	000 T	Exempt Organization Busines	ss Inc	ome Tax Re	turn	ON	1B No. 1545-0047				
Comparison of the Taleach Service Comparison of the Comparison	Form 990-T		l ,								
Department of the Treasury Internal Reviews 57 policy to the State Internal Reviews 57 policy 5		, , ,	1 2	20 19							
Description	Department of the Treasury										
Name of organization						Open to	Public Inspection for 3) Organizations Only				
Exempt under section	Check box if										
Signature Sig		Cincinnati Marks Inc		·	(Emp	loyees' t	rust, see instructions)				
dapa 30 30 30 30 30 30 30 3		Number, street, and room or suite no. If a P.O. box, se	ee instructio	ons.		31-	1656186				
aspan sorgin Ciny or town, state or province, country, and 2th or foreign postal code Sezien Sezien Cinimate, OH 45262											
Content Con			eign postal	code	(See	instructi	ions.)				
Circle Comparization	529(a)	Cincinnati, OH 45202									
Circle Comparization	C Book value of all assets at end of year						· · · · · · · · · · · · · · · · · · ·				
trade or business here ►											
first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III—V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶		-					•				
trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶											
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶			ete Parts	s I and II, complet	e a Schedul	e M to	r each additional				
The books are in care of Part Department Telephone number Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net											
The books are in care of ► Telephone number ►				nt-subsidiary contro	illed group?	. ▶	⊔ Yes ⊔ No				
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net			ation.	Talambana m	· · · · · · · · · · · · · · · · · · ·						
1a Gross receipts or sales c Balance 1c c c c c c c c c						T	(C) Not				
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2 Cost of goods sold (Schedule A, Inne 7)	•		10			1					
Gross profit. Subtract line 2 from line 1 c. 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 1/17) (attach Form 4797) c Capital loss deduction for trusts lincome (loss) from a partnership or an S corporation (attach statement). 5 Income (sos) from a partnership or an S corporation (attach statement). 6 Rent income (Schedule C) 7 Unrelated debt-financed (income (Schedule E) 8 Interest, amultes, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and frustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (sæinstructions) 19 Depreciation (attach Form 5562) 10 Depreciation (attach Form 5562) 20 Depreciation (attach Form 5562) 21 Less depreciation (attach Form 5562) 22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 24 Employee benefit programs 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Cother deductions, Add lines 14 through 27 27 Othal deductions, Add lines 14 through 27 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)						-+					
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Repairs and maintenance RECEIVED 17 Bad debts 17 Interest (attach schedule) (see instructions) 2 2020 7 Depreciation (attach Form 1562) 20 Less depreciation claimed on Schedule Agricules where or return 21a 21b Depletion 22 Contributions to deferred compensation plans 23 Employee benefit programs 24 Excess exempt expenses (Schedule I) 25 Excess readership costs (Schedule J) 26 Other deductions (attach schedule) 27 Total deductions. Add lines 14 through 27 28 0 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30	•	· · · · · · · · · · · · · · · · · · ·									
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Less depreciation claimed on Schedule Aland elsewhere or return		ottoch Form (F69)				19	·····				
Contributions to deferred compensation plans Employee benefit programs	20 Depreciation (ation claimed on School of Smith School of return		20		216					
Contributions to deferred compensation plans Employee benefit programs	21 Less deprecia	mon claimed by 30 leading 3 and elsewhere of return		[214]							
Employee benefit programs	23 Contributions	to deferred compensation plans									
Excess exempt expenses (Schedule I)						\longrightarrow					
26 Excess readership costs (Schedule J)											
27 28 Total deductions. Add lines 14 through 27											
Total deductions. Add lines 14 through 27											
Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							0				
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<u> </u>				\rightarrow	<u>v</u>				
instructions)											
31 Unrelated business taxable income. Subtract line 30 from line 29			-	-	•	30					
	31 Unrelated bus	iness taxable income. Subtract line 30 from line 29		<u> </u>	<u> </u>	31	0				

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Part I		otal Unrelated Business Taxable Income					
32	Total o	f unrelated business taxable income computed from all unrelated trades o	r businesses (see			
	instruct	ions)		.	32		
33	Amount	ts paid for disallowed fringes		. 1	33		
		ble contributions (see instructions for limitation rules)			34		-
		nrelated business taxable income before pre-2018 NOLs and specific deduc					
		the sum of lines 32 and 33			35		
36		ion for net operating loss arising in tax years beginning before Janua		L			
		ions)	-		20		
		•			36		
		unrelated business taxable income before specific deduction. Subtract line 3			37		
		deduction (Generally \$1,000, but see line 38 instructions for exceptions) .			38		
		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater			i		
		e smaller of zero or line 37	· · · · ·		39		0
Part I	V Ta	ax Computation					
40	Organia	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		•	40		0
41	Trusts	Taxable at Trust Rates. See instructions for tax computation.	Income tax	on			
		ount on line 39 from: Tax rate schedule or Schedule D (Form 1041)			41		
		ax. See instructions			42		
		tive minimum tax (trusts only)			43		
		Noncompliant Facility Income. See Instructions			44		
					45		
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	· · · ·	•	45		0
		ax and Payments	1				
	_	tax credit (corporations attach Form 1118; trusts attach Form 1116) . 46					
		redits (see instructions)	b		1		
C	Genera	business credit. Attach Form 3800 (see instructions)					
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827) 46	d				
е	Total c	redits. Add lines 46a through 46d			46e		0
47	Subtrac	et line 46e from line 45		. [47		0
		kes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Othe			48		
		ax. Add lines 47 and 48 (see instructions)			49		0
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), lin			50		
		nts: A 2018 overpayment credited to 2019	1	•			
		stimated tax payments	. +	5 247	1		
			+	5,217	į		
_		posited with Form 8868			1		
d	_	organizations: Tax paid or withheld at source (see instructions)					
е		withholding (see instructions)					
		or small employer health insurance premiums (attach Form 8941) 51	f				
-		redits, adjustments, and payments:	ł				
	☐ Forn	n 4136 Other Total ▶ 51	g				
52	Total p	ayments. Add lines 51a through 51g		.	52		5,217
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached	▶[53		
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		▶ [54		
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount	overpaid	▶	55		5,217
		e amount of line 55 you want: Credited to 2020 estimated tax	Refunded	₃ ▶ Ì	56		5,217
Part \		tatements Regarding Certain Activities and Other Information (see					
		time during the 2019 calendar year, did the organization have an interest in o		r othe	r authorit	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the					
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the					i '
	here ►	•	name of the	13161	9.1 VOUITH	, 	
50					- 4		1
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or	r transferor to, a	ıoreigi	n trust? .	ļ	1
		" see instructions for other forms the organization may have to file.	_			1	
_59		ne amount of tax-exempt interest received or accrued during the tax year					
0:-		penalties of perjury, I declare that I have examined this return, including accompanying schedules and standard, and complete Declaration of preparer (other than taxpayer) is based on all information of which prep			f my knowled	and be	hef, it is
Sign	uue, co		arer rias arry Kriowie	M	lay the IRS of		
Here		Male / // // // // // // // // // // // //	encel Off		th the prepa		
		ure of officer Date Title		(S	ee instruction	ارا tes	Пио
Daid		Print/Type preparer's name Preparer's signature	Date	Ch		PTIN	
Paid	f		İ		t ☐ if ☐		
Prepa		Simile name.	<u> </u>				
Use (Only	Firm's name		Firm's			
		Firm's address ▶		Phone	no.		

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Schedule A—Cost of Goods S	old. Ente	er method of i	nventory va	aluation >				_	
1 Inventory at beginning of year	ar 1		6	Inventory a	it end of year	6			
2 Purchases	. 2		7	Cost of g	oods sold. Subtract line	,		_	
3 Cost of labor	. 3				5. Enter here and in Par	t			
4a Additional section 263A co	osts			I, line 2 .		7			
(attach schedule)	. 42	1	8	Do the rul	es of section 263A (wit	h respect to	Yes No	<u>_</u>	
b Other costs (attach schedule	e) 4t			property p	roduced or acquired for	resale) apply		J	
5 Total. Add lines 1 through 4		_ L			nization?		<u> </u>	_	
Schedule C—Rent Income (From (see instructions)	om Real	Property and	l Personal	Property I	Leased With Real Pro	perty)			
1. Description of property					· · · · · · · · · · · · · · · · · · ·			_	
(1)								_	
(2)								_	
(3)								_	
(4)								_	
	ent received	l or accrued	· · · · · · · · · · · · · · · · · · ·						
(a) From personal property (if the percentage for personal property is more than 10% be more than 50%)	(b) From real at percentage of rent 50% or if the rent	for personal pro	operty exceeds		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)			·					_	
(2)									
(3)									
(4)							• •		
Total	7	otal			(b) Total deductions.	•			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, colum					Enter here and on page Part I, line 6, column (8)	•			
Schedule E—Unrelated Debt-F	Finance	d Income (see	instructions	s)				_	
1. Description of debt-finar	nced proper	ty		come from or debt-financed	Deductions directly connected with or allocable to debt-financed property				
			property		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)			 					—	
(2)			-						
(3)			<u> </u>					—	
(4) 4. Amount of average	5 Average	adjusted basis	. 					-	
acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finan	locable to ced property schedule)	4 di	olumn vided olumn 5	7. Gross income reportable (column 2 x column 6)	8. Allocable of (column 6 × total 3(a) and	al of columns	ì	
(1)				%					
(2)				%				_	
(3)				%				_	
(4)				%				_	
•					Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7,			
Totals				▶					
Total dividends-received deductions	ncluded in	column 8			<u> </u>	[200-T (201		

Schedule F-Interest, Ann	unies, Royanies,				ianizations (se	e instru	ctions)			
		Exempt	Controlled	l Organizations						
Name of controlled organization	2. Employer dentification number	3. Net unrelated incom (loss) (see instructions		4. Total of specified payments made	included in the	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)										
(2)		1				***********	* 			
(3)										
(4)										
Nonexempt Controlled Organia	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruc	· ·		10. Part of column 9 that is included in the controlling organization's gross income		connected with income in				
(1)						· · · · · · · · · · · · · · · · · · ·	† –			
(2)	,						1			
(3)										
(4)					····	····	 	·		
Totals				•	Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A).	Enter h Part I,	columns 6 and 11 nere and on page 1, line 8, column (B)		
Schedule G-Investment	ncome of a Sect	tion 501(c)(7), (9),	or (17) Organi	zation (see ins	tructions	5)			
1. Description of income	2. Amount o		3. Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)			
(1)			1							
(2)										
(3)										
(4)										
Totals	Part I, line 9,	column (A).		Advortising In	oomo (osa inst	to ations	Part I, li	re and on page 1, ne 9, column (B).		
Concadio 1 Exploited Ext		· 1	Expenses	4. Net income (loss)	ioonic (see ms	Luctions	·/	7. Excess exempt		
1. Description of exploited activi	2. Gross unrelated business inco from trade of business	connected with production of unrelated		from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5		expenses (column 6 minus column 5, but not more than column 4).		
(1)					•			 		
(2)						<u> </u>		<u> </u>		
(3)				<u> </u>		1		<u> </u>		
(4)						1				
Totals	Enter here and page 1, Part line 10, col. (I, page	here and on e 1, Part I, i0, col. (B).					Enter here and on page 1, Part II, line 25.		
Schedule J—Advertising I	ncome (see instru	ctions)		<u> </u>	· · · · · · · · · · · · · · · · · · ·		-	.		
Part I Income From P	eriodicals Repor	rted on a	Consoli	dated Basis						
1. Name of periodical	2. Gross advertising income	3 Direct		4. Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols. 5 through 7	5. Circulation 6.		dership ists	7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	>									

(4)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col. costs (column 6 6. Readership 3. Direct 5. Circulation 1. Name of periodical advertising 2 minus col. 3). If mınus column 5, but advertising costs ıncome costs ıncome a gain, compute not more than cols. 5 through 7. column 4). (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B). on page 1, Part II, line 26. Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 1. Name 2. Trtle unrelated business (1) % (2) % (3) %

Form **990-T** (2019)

%